State of South Dakota Statement of Financial Inter Candidate for Public Office



ECEIVED

Officer Administering Oath

My commission expires: 2-1-2009

MAR 2 1 2003 File statement in the office where your nominating petition or convention nomination certification; was filed. OF STATE Please read information on reverse side before completing this form. 1. Name GIL KOPTILIE 5104x FALLS, 50 57104 3. Office Sought 4. What is your occupation/profession? AGENT | DREANIZE - INTERNATIONAL WIDN OF 5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your What is the nature of your immediate family's association family's (includes spouse, minor children living at home) with each? The value of the financial interest need not gross income in the preceding calendar year. Identify who receives the income from each enterprise. be reported. INTERNATIONAL UNION OF CHEMATING ENGINEERS -SOLF EMPLOYER TIRANK- WIFE 6. List any enterprise in which you, your spouse or minor children living at home control more than ten What is the nature of your immediate family's association percent of the capital or stock. Identify who has the ownership interest in each enterprise. with each? day of State of South Dakota SS. Verification County of ... I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year. (Signed)